

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

James L. Buryan

Plaintiff

V.

ATTY. GEN. JOSEPH R. BIDEN III
Defendant(s) pt. 21

Defendant(s)

et al.

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

CASE NUMBER: 08-029

I, James D. Linsay

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion. **FLEEB**

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Question 2) U.S. DISTRICT COURT

If "YES" state the place of your incarceration

DELAWARE CORRECTIONAL CENTER B.D. scanner
1181 PROODOCK RD. SMYRNA, DE. 19977

Inmate Identification Number (Required): # 00271554

Are you employed at the institution? Do you receive any payment from the institution?

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
 - b. Rent payments, interest or dividends
 - c. Pensions, annuities or life insurance payments
 - d. Disability or workers compensation payments
 - e. Gifts or inheritances
 - f. Any other sources

- Yes
 - Yes
 - Yes
 - Yes
 - Yes
 - Yes
 - Yes

If the answer to any of the above is "YES" describe each source of money and state the amount received **AND** what you expect you will continue to receive. **MY FAMILY SENDS ME**

Dollar Money Orders or sometimes Fifty Dollar Money
Orders once a month

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? • Yes • No
- If "Yes" state the total amount \$ _____
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? • Yes • No
- If "Yes" describe the property and state its value.
- None
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

1-15-08
DATE

JAMES

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

INM JAMES K. FORD
SB# 271584 UNIT 77 C-6-10
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Document 5

Filed 01/16/2008

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Clerk of the U.S. District Court for Delaware
844 KING ST.
LOT BOX 18
WILMINGTON, DE
19801

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DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: James R. Rusyon SBI#: 271554
FROM: Mercedes Vallin
RE: 6 Months Account Statement
DATE: 12/31/07

Attached are copies of your inmate account statement for the months of
July 2007 to December 2007

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>July</u>	<u>33.53</u>
<u>Aug</u>	<u>32.43</u>
<u>Sept</u>	<u>26.97</u>
<u>Oct</u>	<u>42.39</u>
<u>Nov</u>	<u>16.37</u>
<u>Dec</u>	<u>35.12</u>

Average daily balances/6 months: * 31.14

Attachments

CC: File

Mercedes Vallin

12/31/07

Cared for me
12/31/07

Individual Statement From July 2007 to December 2007

Date Printed: 12/31/2007

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SBI	Last Name	First Name	MI	Suffix	Comments:
00271554	RUNYON	JAMES	R		
Current Location:	17				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	7/2/2007	\$5.99	\$0.00	\$0.00	\$30.92	450629		REFUND	
Canteen	7/17/2007	(\$4.88)	\$0.00	\$0.00	\$26.04	456948			M GRABOWSKI
Mail	7/24/2007	\$20.00	\$0.00	\$0.00	\$46.04	461023			
Canteen	8/1/2007	(\$46.01)	\$0.00	\$0.00	\$0.03	464113			MARTHA GRABOWSKI
Mail	8/7/2007	\$60.00	\$0.00	\$0.00	\$60.03	467478			
Canteen	8/14/2007	(\$10.86)	\$0.00	\$0.00	\$49.17	471300			
Pay-To	8/22/2007	(\$30.00)	\$0.00	\$0.00	\$19.17	475731			MICHELLE HITCHEN
Canteen	9/4/2007	\$1.20	\$0.00	\$0.00	\$20.37	480951		REFUND	
Medical	9/7/2007	\$0.00	(\$4.00)	\$0.00	\$20.37	483487		8/22/07	
Medical	9/7/2007	(\$4.00)	\$0.00	\$0.00	\$16.37	483680		8/22/07	
Mail	9/10/2007	\$20.00	\$0.00	\$0.00	\$36.37	484256			
Canteen	9/11/2007	(\$4.99)	\$0.00	\$0.00	\$31.38	484511			
Canteen	9/25/2007	(\$3.78)	\$0.00	\$0.00	\$27.60	488974			
Pay-To	10/1/2007	(\$1.00)	\$0.00	\$0.00	\$26.60	493714		DST COPIES	
Canteen	10/10/2007	(\$4.98)	\$0.00	\$0.00	\$21.62	497772			
Mail	10/12/2007	\$20.00	\$0.00	\$0.00	\$41.62	499552			S GRABOWSKI
Mail	10/12/2007	\$40.00	\$0.00	\$0.00	\$81.62	499646			M GRABOWSKI
Canteen	10/23/2007	(\$48.99)	\$0.00	\$0.00	\$32.63	503883			
Pay-To	10/24/2007	(\$20.00)	\$0.00	\$0.00	\$12.63	505065			MOONLITE PRODUC
Canteen	11/6/2007	(\$4.96)	\$0.00	\$0.00	\$7.67	510158			
Mail	11/13/2007	\$50.00	\$0.00	\$0.00	\$57.67	512755			M LEABOWSH
Pay-To	11/14/2007	(\$35.00)	\$0.00	\$0.00	\$22.67	514253			MICHELE HITCHENS
Canteen	11/20/2007	(\$4.97)	\$0.00	\$0.00	\$17.70	515774			
Supplies-MailPosta	11/29/2007	\$0.00	\$0.00	(\$1.14)	\$17.70	520320			11/14/07
Supplies-MailPosta	11/29/2007	\$0.00	\$0.00	(\$0.97)	\$17.70	520363			11/15/07
Pay-To	11/29/2007	(\$5.00)	\$0.00	\$0.00	\$12.70	520433		DST COPIES	
Supplies-MailPosta	11/29/2007	(\$1.14)	\$0.00	\$0.00	\$11.56	521402		11/14/07	
Supplies-MailPosta	11/29/2007	(\$0.97)	\$0.00	\$0.00	\$10.59	521433		11/15/07	
Canteen	12/4/2007	(\$4.84)	\$0.00	\$0.00	\$5.75	522998			
Mail	12/6/2007	\$20.00	\$0.00	\$0.00	\$25.75	524532			S GRABOWSKI
Mail	12/11/2007	\$20.00	\$0.00	\$0.00	\$45.75	526078			M GRABOWSKI

Individual Statement From July 2007 to December 2007

Date Printed: 12/31/2007

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SBI	Last Name	First Name	MI	Suffix	
00271554	RUNYON	JAMES	R		Comments:

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	12/18/2007	(\$4.99)	\$0.00	\$0.00	\$40.76	528659			
Pay-To	12/20/2007	(\$25.00)	\$0.00	\$0.00	\$15.76	530708			MICHELLE HITCHEN 11/22/07
Supplies-Mail/Posta	12/20/2007	\$0.00	\$0.00	(\$1.64)	\$15.76	530853			
Pay-To	12/21/2007	(\$6.75)	\$0.00	\$0.00	\$9.01	531078		DST COPIES	
Mail	12/26/2007	\$25.00	\$0.00	\$0.00	\$34.01	532984	1147593425		C GRABOWSKI
Mail	12/27/2007	\$50.00	\$0.00	\$0.00	\$84.01	533639	08749145492		M GRABOWSKI

Ending Month Balance: \$84.01

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$1.64)